

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

| 12 | 2703 | | | | | |
|------------------|---------------|--|--|--|--|--|
| OMB Approval | | | | | | |
| OMB Number: | 3235-0076 | | | | | |
| Expires: Nove | mber 30, 2001 | | | | | |
| Estimated avera | ge burden | | | | | |
| hours per respor | nse 16.00 | | | | | |

| SEC USE | ONLY |
|----------|--------|
| Prefix | Serial |
| DATE REG | CEIVED |

| UNIFORM LIMITED OFFERING EXEMPTIO | ON |
|--|---|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
| Filing Under (Check box(cs) that apply): Rule 504 Rule 505 Rule 506 Section 40 | (6) CJ ULOE |
| Type of Filing: New Filing Amendment | |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Edge Awara Corporation | 03019758 |
| | Telephone Number (Including Area Code) 561-417-9991 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| Brief Description of Business I replaced by broad really integrated wet | twerk security and |
| authorization solutions | |
| Type of Business Organization Corporation Dimited partnership, already formed Dimited partnership, to be formed | her (please specify): |
| Actual or Estimated Date of Incorporation or Organization: Month Year D Y D S Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for S | |
| GENERAL INSTRUCTIONS | PINANCIAL |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Sec 77e(6). | ction 4(6), 17 CFR 230.501 ct seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A noti Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if rec due, on the date it was mailed by United States registered or certified mail to that address. | ce is deemed filed with the U.S. Securities and cived at that address after the date on which it is |
| Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549 | |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually sign photocopies of the manually signed copy or bear typed or printed signatures. | ned. Any copies not manually signed must be |

Information Required. A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested. A new titing must contain an information requested. Antenuments need only report the name of the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consistues a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-99) 1 of 8



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- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;

| Each general and man | | | partnership issuers. | | | |
|-------------------------------|--------------|--------------|-----------------------------|---------------------|---|--|
| Check Box(es) that Apply: | | Promoter | Beneficial Owner | E Executive Officer | Director | □General and/or Managing Partner |
| Full Name (Last name first, i | f indi | | | | | |
| Business or Residence Addre | ss (Ni لر | umber and Si | | le) aton F(33 | 433 | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐General and/or Managing Partner |
| Full Name (Last name first, i | f indi | vidual) | | | | |
| Business or Residence Addre | ss (N | umber and S | treet, City, State, Zip Coo | le) | *************************************** | ************************************** |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | □General and/or Managing Partner |
| Full Name (Last name first, i | f indi | vidual) | | | | |
| Business or Residence Addre | ss (N | umber and S | treet, City, State, Zip Coo | le) | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director | □General and/or Managing Partner |
| Full Name (Last name first, i | f indi | vidual) | | | | |
| Business or Residence Addre | ss (N | umber and S | treet, City, State, Zip Coo | le) | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director | □General and/or Managing Partner |
| Full Name (Last name first, i | f indi | vidual) | | | | |
| Business or Residence Addre | ss (N | umber and S | treet, City, State, Zip Coo | le) | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | □General and/or Managing Partner |
| Full Name (Last name first, i | f indi | vidual) | | | | |
| Business or Residence Addre | ss (N | umber and S | treet, City, State, Zip Coo | le) | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐General and/or Managing Partner |
| Full Name (Last name first, i | findi | vidual) | | | | |
| Business or Residence Addre | ss (N | umber and S | treet, City, State, Zip Coo | le) | | |
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| B. INFORMATION ABOUT OFFERING | | |
|--|-------------|--|
| D. INFORMATION ADOUT OFFERING | | · · · · · · · · · · · · · · · · · · · |
| Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? | Yes | No |
| Answer also in Appendix, Column 2, if filing under ULOE. | _ | Œ |
| . What is the minimum investment that will be accepted from any individual? | | |
| | Yes | No |
| Does the offering permit joint ownership of a single unit? | | 9 |
| Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | دالمد | to p |
| ull Name (Last name first, if individual) any commission but may contact re | 9:5+ | areal |
| B/Os to assist in fundraising. It gay B ousiness or Residence Address (Number and Street, City, State, Zip Code) retained to assist, the | 70 | <u>, s</u> Co. |
| will file an amended f | = 01 , | <u>D</u> |
| ame of Associated Broker or Dealer | | |
| rates in Which Person Listed Has Solicited or Intends to Solicit Purchasers Check "All States" or check individual States) | | |
| Check "All States" or check individual States) | | |
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| RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] | | |
| uli Name (Last name first, if individual) | | |
| usiness or Residence Address (Number and Street, City, State, Zip Code) | | ************************************** |
| tume of Associated Broker or Dealer | | |
| tates in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| Check "All States" or check individual States) | | |
| L [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] | | |
| AT [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] | | |
| RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] | | |
| all Name (Last name first, if individual) | | |
| usiness or Residence Address (Number and Street, City, State, Zip Code) | | · · · · · · · · · · · · · · · · · · · |
| ame of Associated Broker or Dealer | | |
| tates in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | · · · · · · · · |
| Theck "All States" or check individual States) | | |
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II [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| I. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box □ and indicate in the column below the amounts of the securities offered for exchange and already exchanged. | | | |
|--|------------|----------|----------------|
| Type of Security | Aggrega | ate | Amount Already |
| | Offering 1 | | Sold |
| Debt | s | | \$ |
| Equity | \$ 50,00 | <u>ა</u> | \$35,000 |
| ☑ Common □ Preferred | | | · |
| Convertible Securities (including warrants) | \$ | | \$ |
| Partnership Interests | s | | \$ |
| Other (Specify) | \$ D | | \$ |
| Total | \$50,00 | 0 | \$ 35 008 |
| Answer also in Appendix, Column 3, if filing under ULOE | | | |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | |
| and the performance of the following in the contract of the property of the performance o | Numbe | er | Aggregate |
| | Investo | ers | Dollar Amount |
| Accredited Investors. | 0 | , | of Purchases |
| Non-accredited Investors | 7 | | \$ |
| Total (for filings under Rule 504 only) | | | Φ |
| Answer also in Appendix, Column 4, if filing under ULOE | | | Ф |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. | | | |
| Type of offering | Type | of | Dollar Amount |
| | Securi | | Sold |
| Rule 505 | | | \$ |
| Regulation A | | | \$ |
| Rule 504 | | | \$ |
| Total | | | \$ |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| Transfer Agent's Fees | | | \$ |
| Printing and Engraving Costs | | | \$ |
| Legal Fees | | | \$ |
| Accounting Fees | | | \$ |
| Engineering Fees | | | \$ |
| Sales Commissions (Specify finder's fees separately) | | M | \$ 5,000 |
| Other Expenses (identify) blue sky fees | | | \$ 2500 |
| The Landing Control of the Control o | | | · 7500 |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US | |
|---|---------------------------|
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| O OFFERNIUS CRIVE, MUNIOPALUE IN VENELINA, EAFEMARA AIND DA | 5. LJB FIGURE B. M. 113 |

| b. Enter the difference between the aggregate offering price given in response a Question 1 and total expenses furnished in response to Part C-Question 4.a. This is the "adjusted gross proceeds to the issuer." | difference (1) |
|--|--|
| i. Indicate below the amount of the adjusted gross proceeds to the issuer used or propused for each of the purposes shown. If the amount for any purpose is not know an estimate and check the box to the left of the estimate. The total of the payments are equal the adjusted gross proceeds to the issuer set forth in response to Partion 4.b. above. | n, furnish ents listed |
| | Payments to Officers, Directors, & Payments To Affiliates Others |
| Salaries and fees | □ \$ |
| Purchase of real estate | \$ <u> </u> |
| Purchase, rental or leasing and installation of machinery and equipment | |
| Construction or leasing of plant buildings and facilities | \$ <u>O</u> _0 \$ |
| Acquisition of other businesses (including the value of securities involved in offering that may be used in exchange for the assets or securities of another in pursuant to a merger. Repayment of indebtedness | \$squer |
| Other (specify) Professional fees -logal accomp | \$ 0 0 \$ 34,000 |
| Column Totals. Total Payments Listed (column totals added) | \$ \$ <u>42,50</u> |
| D. FEDERAL SIGNATUR | E |
| The issuer has duly caused this notice to be signed by the undersigned duly authorize following signature constitutes an undertaking by the issuer to furnish to the U.S. See equest of its staff, the information furnished by the issuer to any non-accredited investigation. | ecurities and Exchange Commission, upon written |
| Signature Edge Auscre Corporation Name of Signer (Print or Type) Title of Signer (Print or Type) | Date 4/3/03 |
| Name of Signer (Print or Type) Arthur Gardner CEO | |

ATTENTION

| E. ST | | |
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| 1. Is any party described in 17 CFR 230.252 (c), (d), (e) or (I) presently subject to any of the disqualification provisions of such rule? | es No I DY | 2 |
|--|---------------|---|
|--|---------------|---|

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| undersigned dury authorized person. | | | |
|-------------------------------------|---------------------------------|--------|--|
| Issuer (Print or Type) | Signature | Date | |
| Edge Aware Corporation | \bigvee | 4/3/03 | |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| I | | 2 | 3 4 | | | | | | |
|-------|---|------------|------------------------------------|---|--------|----------------------------|---------|---|----|
| | | | | | | | | 5 Disqualification | |
| | Intend | to sell to | Tuno of annuit | | under | State | | | |
| | | credited | Type of security and aggregate | Type of investor and | | | | ULOE (if yes, attach explanation of | |
| | | tors in | offering price | | | | | | |
| | State (Part B-Item 1) | | offered in state (PartC-Item 1) | amound purchased in State (Part C-Item 2) | | | | waiver granted) (Part E-Item I) | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | (2000) | Number of Number of | | | (Lait E | Item 1) | |
| State | Yes | No | | Accredited Investors | Amount | Nonaccredited Investors | Amount | Yes | No |
| AL | | | | investors | Amount | Investors | AiRouit | 1 68 | NO |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
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APPENDIX

| 1 | 2 | | 3 | 3 4 | | | | | ; |
|-------|--|----|---|-------------------------|--------|----------------------------|--------|--|----|
| | Intend to sell to non-accredited investors in State (Part B-Item 1) | | Type of security and aggregate offering price offered in state (PartC-Item 1) | | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| | | | | Number of Accredited | | Number of Nonaccredited | | , | |
| State | Yes | No | | Investors | Amount | Investors | Amount | Yes | No |
| MT | | | | | | | | | |
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